



REPORT OF RECEIPTS AND DISBURSEMENTS

2010 Non-Judicial Election

RECEIVED

JAN 31 2011

Secretary of State
DATE STAMP
Capital OfficeName of Candidate Nickey R. BrowningAddress 162 West Oxford St. Pontchar Ms. 38963Telephone 662-489-5979 Fax _____

Contact Name _____ Email _____

Office Sought State Senator Political Party Dem.☐ Check here if above is different from previous reportTYPE OF REPORT

- ____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- ____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- ____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- X January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

| | Itemized + Non-itemized = | This Period | Calendar Year-To-Date |
|-------------------------------|---------------------------|--------------|-----------------------|
| Total amount of contributions | \$ 6050.00 + \$ 950.00 | \$ 7000.00 | \$ 7000.00 |
| Total amount of disbursements | \$ 2160.61 + \$ 1967.02 | \$ 4127.63 | \$ 4127.63 |
| Total amount of cash on hand | | \$ 19,428.94 | |

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Nickey R. Browning
Signature of Candidate

1-30-11
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Nickey Browning
 Reporting period Jan 1 2010 through December 31 2010

ITEMIZED DISBURSEMENTS

| | | |
|--|---------------------------|--|
| A. Full name <u>Cellular South</u> | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address <u>P.O. Box 519</u> | <u>1/25/10</u> | \$ <u>165.82</u> |
| City, State, Zip Code <u>Meadville Ms 39653 0519</u> | <u>3/4/10</u> | \$ <u>126.96</u> |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| B. Full name <u>Cellular South</u> | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address <u>P.O. Box 519</u> | <u>3/24/10</u> | \$ <u>126.94</u> |
| City, State, Zip Code <u>Meadville Ms. 39653 0519</u> | <u>4/17/10</u> | \$ <u>124.43</u> |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| C. Full name <u>Cellular South</u> | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address <u>P.O. Box 519</u> | <u>5/17/10</u> | \$ <u>186.70</u> |
| City, State, Zip Code <u>Meadville Ms. 39653-0519</u> | <u>6/11/10</u> | \$ <u>128.47</u> |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| D. Full name <u>Cellular South</u> | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address <u>P.O. Box 519</u> | <u>8/2/10</u> | \$ <u>160.99</u> |
| City, State, Zip Code <u>Meadville Ms. 39653-0519</u> | <u>8/20/10</u> | \$ <u>156.77</u> |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| E. Full name <u>Cellular South</u> | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address <u>P.O. Box 519</u> | <u>10/5/10</u> | \$ <u>234.04</u> |
| City, State, Zip Code <u>Meadville Ms. 39653-0519</u> | <u>10/19/10</u> | \$ <u>205.47</u> |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| F. Full name <u>Cellular South</u> | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address <u>P.O. Box 519</u> | <u>12/1/10</u> | \$ <u>142.43</u> |
| City, State, Zip Code <u>Meadville Ms. 39653-0519</u> | <u>12/24/10</u> | \$ <u>160.91</u> |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ <u>1919.93</u> |

Name of Candidate or Committee Nickey Browning
 Reporting period Jan. 1 2010 through December 31 2010

ITEMIZED DISBURSEMENTS

| | | |
|---|--|--|
| A. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <u>Wal-Mart</u> | <u>11/16/10</u> | \$ <u>140.78</u> |
| Mailing Address | | |
| <u>Hwy 15 North</u> | <u>12/28/10</u> | \$ <u>99.52</u> |
| City, State, Zip Code | | |
| <u>Pontiac Ms. 38863</u> | | |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ <u>240.30</u> |
| B. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | <input type="text"/> / <input type="text"/> / <input type="text"/> | \$ <input type="text"/> |
| Mailing Address | | |
| | <input type="text"/> / <input type="text"/> / <input type="text"/> | \$ <input type="text"/> |
| City, State, Zip Code | | |
| | | |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ <input type="text"/> |
| C. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | <input type="text"/> / <input type="text"/> / <input type="text"/> | \$ <input type="text"/> |
| Mailing Address | | |
| | <input type="text"/> / <input type="text"/> / <input type="text"/> | \$ <input type="text"/> |
| City, State, Zip Code | | |
| | | |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ <input type="text"/> |
| D. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | <input type="text"/> / <input type="text"/> / <input type="text"/> | \$ <input type="text"/> |
| Mailing Address | | |
| | <input type="text"/> / <input type="text"/> / <input type="text"/> | \$ <input type="text"/> |
| City, State, Zip Code | | |
| | | |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ <input type="text"/> |
| E. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | <input type="text"/> / <input type="text"/> / <input type="text"/> | \$ <input type="text"/> |
| Mailing Address | | |
| | <input type="text"/> / <input type="text"/> / <input type="text"/> | \$ <input type="text"/> |
| City, State, Zip Code | | |
| | | |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ <input type="text"/> |
| F. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | <input type="text"/> / <input type="text"/> / <input type="text"/> | \$ <input type="text"/> |
| Mailing Address | | |
| | <input type="text"/> / <input type="text"/> / <input type="text"/> | \$ <input type="text"/> |
| City, State, Zip Code | | |
| | | |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ <input type="text"/> |

Name of Candidate or Committee Nickey Browning
 Reporting period Jan. 1-2010 through December 31-2010

ITEMIZED RECEIPTS

| A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|---------------------------|--|
| Full name <u>Ms. Power Electric Power</u> | <u>21 1 10</u> | \$ <u>500.00</u> |
| Mailing Address <u>P.O. Box 4079</u> | <u>10 1 9 10</u> | \$ <u>500.00</u> |
| City, State, Zip Code <u>Gulfport Ms. 39502</u> | <u>1 1</u> | \$ |
| Name of Employer (Required) <u>Ms. Power Electric Power</u> | <u>1 1</u> | \$ |
| Occupation (Required) <u>Electric Power</u> | Aggregate year-to-date | \$ <u>1000.00</u> |
| B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Comcast</u> | <u>21 1 10</u> | \$ <u>250.00</u> |
| Mailing Address <u>120 North Congress Street</u> | <u>1 1</u> | \$ |
| City, State, Zip Code <u>Jackson Ms. 39201</u> | <u>1 1</u> | \$ |
| Name of Employer (Required) <u>Comcast</u> | <u>1 1</u> | \$ |
| Occupation (Required) <u>Cable TV</u> | Aggregate year-to-date | \$ <u>250.00</u> |
| C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Centene Management Company</u> | <u>10 1 9 1 10</u> | \$ <u>500.00</u> |
| Mailing Address <u>1711 Carondelet Ave. #500</u> | <u>1 1</u> | \$ |
| City, State, Zip Code <u>Clayton Mo. 63105</u> | <u>1 1</u> | \$ |
| Name of Employer (Required) <u>Centene Mgt. Co.</u> | <u>1 1</u> | \$ |
| Occupation (Required) <u>Health Care</u> | Aggregate year-to-date | \$ <u>500.00</u> |
| D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Grand Trunk Western Railroad Co.</u> | <u>10 1 9 1 10</u> | \$ <u>250.00</u> |
| Mailing Address <u>2800 Livernois Suite 300 P.O. Box 5025</u> | <u>1 1</u> | \$ |
| City, State, Zip Code <u>Troy Michigan 48007-5025</u> | <u>1 1</u> | \$ |
| Name of Employer (Required) <u>Grand Trunk Western Railroad</u> | <u>1 1</u> | \$ |
| Occupation (Required) <u>Railroad</u> | Aggregate year-to-date | \$ <u>250.00</u> |

Name of Candidate or Committee Nicky Browning
 Reporting period Jan 1 2010 through Dec 31 2010

ITEMIZED RECEIPTS

| A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|--|-----------------------------------|--|
| Other (please specify) _____ | | | |
| Full name <u>Motorola</u> | | <u>10/19/10</u> | \$ <u>500.00</u> |
| Mailing Address <u>P.O. Box 68429</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>Schaumburg Illinois 60168</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) <u>Motorola</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) | | Aggregate year-to-date | \$ <u>500.00</u> |
| B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>AT+T Mississippi Political Action Comm.</u> | | <u>11/18/10</u> | \$ <u>500.00</u> |
| Mailing Address <u>175 E Capital St</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>Jackson Ms. 39201</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) <u>AT+T</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) <u>Telephone service</u> | | Aggregate year-to-date | \$ <u>500.00</u> |
| C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>American Council of Engineers</u> | | <u>11/18/10</u> | \$ <u>200.00</u> |
| Mailing Address <u>3900 Lakeland Drive</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>Flowood Ms. 39232</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) <u>Engineer</u> | | Aggregate year-to-date | \$ <u>200.00</u> |
| D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>Advance America</u> | | <u>11/18/10</u> | \$ <u>500.00</u> |
| Mailing Address <u>135 N. Church St.</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>Spartanburg S.C. 29306</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) <u>Advance America</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) <u>Lender</u> | | Aggregate year-to-date | \$ <u>500.00</u> |

Name of Candidate or Committee Nickey BrowningReporting period Jan 1 2010 through Dec 31 2010

ITEMIZED RECEIPTS

| A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|--|-----------------------------------|--|
| Other (please specify) _____ | | | |
| Full name <u>Georgia Pacific</u> | | <u>12/31/10</u> | \$ <u>500.00</u> |
| Mailing Address <u>P.O. Box 61270</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>Phoenix Az. 85082-1270</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) <u>Georgia Pacific</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) <u>Forestry</u> | | Aggregate year-to-date | \$ <u>500.00</u> |
| B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>Electric Power Ass.</u> | | <u>11/18/10</u> | \$ <u>200.00</u> |
| Mailing Address <u>P.O. Box 3300</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>Ridgeland MS. 39158</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) <u>Electric Power Ass</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) <u>Electricity</u> | | Aggregate year-to-date | \$ <u>200.00</u> |
| C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>BNSF Railway Co.</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u>250.00</u> |
| Mailing Address <u>2500 Lou Menk Drive AOB-3</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>Fort Worth TX 76131</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) <u>BNSF Railway Co.</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) <u>Railroad</u> | | Aggregate year-to-date | \$ <u>250.00</u> |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u> </u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Mailing Address <u> </u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u> </u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) <u> </u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) <u> </u> | | Aggregate year-to-date | \$ <u> </u> |

Name of Candidate or Committee Nickey Browning
 Reporting period JAN. 1, 2010 through Dec. 31, 2010

ITEMIZED RECEIPTS

| A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|--|-----------------------------------|--|
| Other (please specify) _____ | | | |
| Full name <u>MS. Agents + Employee Pac</u> | | <u>11/18/10</u> | \$ <u>200.00</u> |
| Mailing Address <u>P.O. Box 39</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>Olive Branch Ms. 38654</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) <u>State Farm</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) <u>Insurance</u> | | Aggregate year-to-date | \$ <u>200.00</u> |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>Cellular South</u> | | <u>12/6/10</u> | \$ <u>200.00</u> |
| Mailing Address <u>1018 Highland Colony Parkway Suite 330</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>Ridgeland Ms.</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) <u>Cellular South</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) <u>Cell Phone</u> | | Aggregate year-to-date | \$ <u>200.00</u> |
| C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>Ban Corp South</u> | | <u>12/6/10</u> | \$ <u>500.00</u> |
| Mailing Address <u>P.O. Box 789</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>Tupelo Ms. 38802-0789</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) <u>BanCorp South</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) <u>Bank</u> | | Aggregate year-to-date | \$ <u>500.00</u> |
| D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>Len Pac</u> | | <u>12/6/10</u> | \$ <u>500.00</u> |
| Mailing Address <u>3 Lakeland Cr Ste 201</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>Jackson Ms. 39216</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) <u> </u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) <u> </u> | | Aggregate year-to-date | \$ <u>500.00</u> |